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BIB DATA SHEET

CONFIRMATION NO. 5979

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/531,870	04/19/2005	424	1636	010315-224

APPLICANTS

Tanel Tenson, Tartu, ESTONIA;
 Silja Laht, Tartu, ESTONIA;
 Maarja Ado-Jaan, Tartu, ESTONIA;
 Andres Mannik, Tartu, ESTONIA;
 Urve Toots, Tartu, ESTONIA;
 Mart Ustav, Tartu, ESTONIA;

**** CONTINUING DATA *******

This application is a 371 of PCT/FI04/00540 09/15/2004

**** FOREIGN APPLICATIONS *******

FINLAND 20031319 09/15/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 11/09/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and /NANCY TREPTOW VOGEL/ Acknowledged _____	<input type="checkbox"/> Met after Allowance NV Initials	ESTONIA	26	22	9
Examiner's Signature					

ADDRESS

BUCHANAN, INGERSOLL & ROONEY PC
 POST OFFICE BOX 1404
 ALEXANDRIA, VA 22313-1404
 UNITED STATES

TITLE

Selection system containing non-antibiotic resistance selection marker

FILING FEE RECEIVED 7040	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit